



## **Case-Base Discussion – 12<sup>th</sup> June 2024 (Ref 373)**

### **Case presented by Osteopath: Claire Short**

The topic of this week's discussion was the diagnosis, treatment and management of neurological disorders, consistent with the topics that have been covered in recent broadcasts.

The first patient discussed was 59-year-old Mr M (case history available on the website). Mr M presented to the practitioner in 2020 which was during the pandemic, complaining of a number of serious neurological symptoms, including gait change, footdrop, weakness, atrophy, and deterioration of balance. Of particular relevance perhaps was the absence of pain; in fact, the GP he saw in 2018 told him to go away because of the absence of pain and come back when he was in pain.

Neurological examination carried out by the osteopath involved revealed wasting of the quadriceps and gastrocnemius, brisk L4 and absent S1 reflexes. The patient decided to seek advice from a private neurologist. The differential diagnosis included Neuro-sarcoidosis, Multiple sclerosis, and Motor neurone disease. Mr M was diagnosed with Primary Progressive MS (PPMS) which has no relapses or remission and, for this reason may have made the diagnosis less clear as it less often discussed than the relapsing-remitting type of MS. The only medication that was prescribed for his neurodegenerative condition was Vitamin D.

We discussed whether healthcare practitioners should carry out a neurological examination even when the patient is likely to need referral to a neurologist, one suggestion being that unless we do, we cannot expect to build up a library of what's normal and what's not normal. Ideas for management of this patient's symptoms included Hyperbaric Oxygen Therapy, and signposting them to support networks, for example the [Multiple Sclerosis Trust](#).

The remaining discussion focused on the ethics of treating patients with a neurodegenerative condition for which there is currently no cure, and how we go about communicating our treatment aims to the patient. We agreed that, as long as you explain to the patient that you can only help to manage their pain – either arising from their condition, or from another cause – then you can justify treating that patient, even though it is not possible to cure them of their neurodegenerative condition. As a caveat, a written note stating you have

explained this to the patient and they are happy to proceed with treatment on this basis may be a wise course of action, given the litigious society we live in!

### **Linking this discussion with the OPS Themes**

#### **A – Communication and patient partnership**

A2 You must work in partnership with patients, adapting your communication approach to take into account their particular needs and supporting patients in expressing to you what is important to them.

A3 You must give patients the information they want or need to know in a way they can understand.

A4 You must receive valid consent for all aspects of examination and treatment and record this as appropriate.

A5 You must support patients in caring for themselves to improve and maintain their own health and wellbeing.

#### **B - Knowledge, skills and performance**

B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath.

B2 You must recognise and work within the limits of your training and competence.

B3 You must keep your professional knowledge and skills up to date.

B4 You must be able to analyse and reflect upon information related to your practice in order to enhance patient care.

### **Linking this discussion with the Chiropractic Code**

#### **Principle C – Provide a good standard of clinical care and practice**

C4 Use the results of your clinical assessment of the patient to arrive at a working diagnosis or rationale for care which you must document. You must keep the patient fully informed.

C6 Select and apply appropriate evidence-based care which meets the preferences of the patient at that time.

#### **Principle E – Obtain informed consent for all aspect of patient care**

E1 Share with the patient accurate, relevant and clear information to enable the patient to make informed decisions about their health needs and relevant care options.

**Principle F – Communicate properly and effectively with patients, colleagues and other healthcare professionals**

F1 Explore care options, risks and benefits with patients, encouraging them to ask questions. You must answer fully and honestly, bearing in mind patients are unlikely to possess clinical knowledge.

**Principle G – Maintain, develop and work within your professional knowledge and skills**

G1 Keep your knowledge and skills up to date, taking part in relevant and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance and the quality of your work.